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Fax: 703 872 9306**Pages:** 19 (including cover sheet)**Phone:** 571 272 0714**Date:** September 27, 2004**Re:** US Serial No. 08/986,186 (C020/P2C US) **CC:**☐ Urgent ☒ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle● **Comments:**

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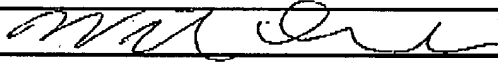
PTO/SB/21 (09-04)


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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	08/866,186
	Filing Date	December 5, 1997
	First Named Inventor	Peterson
	Art Unit	1631
	Examiner Name	Brusca, John S.
Total Number of Pages in This Submission <u>18</u>		Attorney Docket Number C020P2C

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Cubist Pharmaceuticals, Inc.		
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Printed name	William D. DeVaul		
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